

## CHAPTER 9. SELECTED PRACTICES

### SECTION 2. AMENDMENTS TO CERTIFICATES AND REPLACEMENT OF LOST CERTIFICATES

**681. GENERAL.** This section contains direction and guidance to be used by inspectors when processing amendments to certificates for airmen operating under Federal Aviation Regulations (FAR) Parts 121 and 135 (to include airman certificates, medical certificates, international crewmember certificates, and radio/telephone licenses), and when replacing lost certificates.

**683. AMENDMENTS TO CERTIFICATES.** An amendment to an airman's certificate is necessary whenever a change in name, address, nationality, sex, date of birth, and other changes occur. When amending airman certificates for these reasons, inspectors should use the following guidance:

*A. Change of Name.* Inspectors should have airmen apply for a name change on a certificate by first submitting Federal Aviation Administration (FAA) Form 8710-1, "Airman Certificate and/or Rating Application" (see figure 5.9.2.5.). The inspector should request that the applicant attach the current certificate and a photocopy of the marriage license, court order, or other document that substantiates the validity of the requested change to FAA Form 8710-1. The inspector should examine and verify the documents to the best of the inspector's ability, and then issue a temporary certificate. The inspector must fill out the "Inspector's Report" section of the application and include the application, the superseded certificate, a copy of the temporary certificate, and all other supporting documents and send them to AVN-460 of the Airmen Certification Branch (ACB).

**NOTE: The ACB requests that photocopies be sent instead of the original documents.**

*B. Re-issuance of International Crewmember Certificates in a New Name.* For the re-issuance of an international crewmember certificate in a new, or married name, the inspector should have the airman complete a new FAA Form 8060-6, "Crewmember Certificate Application," and indicate the new name, change of address (if applicable), certificate number, and an explanation about the application being reissued because of the airman's new name. The inspector must attach the crewmember's current crew -

member certificate to the application, as well as a copy of the documentation, and two new photographs. The inspector must ensure that Part II of the application has been completed so that the crewmember certificate can be returned to the airline for distribution to the crewmember. The inspector should send the completed package to AVN-460 of the ACB.

*C. Change of Address.* FAR §§ 61.30, 63.21, and 65.21 all require the appropriate certificate holder to notify the ACB within 30 days of a change of the airman's permanent mailing address. This notification (see figure 5.9.2.4.) must be in writing to the Department of Transportation, Federal Aviation Administration, AVN-460, P. O. Box 25082, Oklahoma City, OK 73125-4940. Additionally, AC Form 8060-56, "Application for Replacement of Lost or Destroyed Airman Certificate(s) and Written Test Results," (see figure 5.9.2.3.) may be used. AVN-460 will not issue a new certificate based solely on the change of address.

**NOTE: The address shown on an airman's application for a medical certificate is not routinely transmitted to the ACB. Therefore, the procedure for renewal of a medical certificate does not comply with change-of-address notification unless the applicant requests it in writing at the time of application.**

*D. Change of Nationality.* In order to change the record of nationality, the airman may provide a photocopy of INS Form G641, "Application for Verification of Information." If an INS Form G641 is not available, the FAA inspector, or paratechnical, must review the naturalization document. When examining the naturalization document, the inspector should verify that the document has the petition number, the date of change, and the name and location of the court of issuance. The inspector may never accept verbal information to substantiate any of the required information. For any case that concerns a change of nationality, the inspector may not issue a temporary certificate; instead, the inspector shall forward a copy of FAA Form 8710-1, the current certificate, and the documentation to AVN-460 of the ACB.

**NOTE: The inspector may determine the current fee for replacement of a certificate by telephoning the ACB in Oklahoma City at (405) 954-3261.**

*E. FAR § 61.15 Offenses Involving Alcohol.* Recent changes to FAR § 61.15 require that airmen who are the subject of a motor vehicle action as defined by FAR 61.15(c) are required to provide a report of each motor vehicle action involving alcohol or drugs to the FAA, Civil Aviation Security Division (AAC-700), P.O. Box 25810, Oklahoma City, OK 73125, within 60 days after the motor vehicle action. Failure to provide such a report can result in denial of any certificate or rating of a period of 1 year or suspension or revocation of any airman certificate issued under FAR § 61.

**NOTE: Recent National Transportation Safety Board (NTSB) decisions have held that although an airman may report a motor vehicle action on an airman medical application, this does not constitute the report to Civil Aviation Security that is required by FAR § 61.15(e).**

**685. REPLACEMENT OF CERTIFICATES.** A certificate that has been lost, stolen or destroyed must be replaced as soon as possible, since FAR §§ 61.3(a) and (c), 63.3, 65.51(b), and 121.383(a) require that flight crewmembers and dispatchers possess their airman and medical certificates when exercising certificate privileges. If a certificate is lost, stolen, or destroyed, the airman must obtain a replacement certificate directly from AVN-460 of the ACB. The ACB requires several weeks' notice to prepare a replacement certificate. The Western Union Company no longer provides the collect telegraphic service that was frequently used by airmen to confirm their status as holders of specified certificates and ratings pending certificate replacement. As a result, the ACB and the Aeromedical Certification Division (AAM-300) are no longer able to offer replacement of lost or destroyed airman and medical certificates via telegraphic media. Inspectors should tell airmen to obtain a facsimile (fax) verifying that the certificate is valid or to obtain a temporary replacement certificate from an FAA aviation safety inspector (ASI). Airmen may obtain quick confirmation of their status as holders of specified airman certificates and ratings under FAR § 61.29(c) via fax in lieu of a telegram. Fax messages should have the signature of the appropriate supervisor from each organization. A fax copy of standard form 14 may also be used in lieu of a telegraphic message to identify the airman or medical certificate held. A copy of the fax or temporary certificate must be in the airman's possession while the airman exercises

the privileges of the certificate until receiving a permanent replacement certificate.

*A. Permanent Replacement Procedures.* An airman may obtain a permanent replacement certificate by applying in writing to either AVN-460 of the ACB, or AAM-300 (as stated in FAR § 61.29 and FAR § 63.16). The written request must contain all required information, the airman's signature, and the required fee. An airman may apply by form letter (see figures 5.9.2.1. and 5.9.2.2.), by AC Form 8060-56 (see figure 5.9.2.3.), or by a standard letter containing all applicable information. If both airman and medical certificates have been lost, the airman may send a request for both certificates to AVN-460. In this case, AVN-460 shall coordinate with AAM-300. These offices recommend that airmen send separate requests to each branch.

*B. Obtaining a Temporary Certificate by Fax for Immediate Use.* An airman may use a fax issued by AVN-460 as a temporary airman certificate and/or medical certificate. An airman must have an immediate need for the fax, such as a return flight to domicile, continuation of an extended flight schedule, or continuation with any near-term aviation employment. An airman may direct a concurrent request for both airman and medical fax confirmations to AVN-460 of the ACB. This service is available 24 hours a day, 7 days a week. In order to send a fax, AVN-460 must have a verified, working fax number, the name of the city and state to which the fax will be sent, the name of a person to contact, and the contact person's telephone number. The job aids provided in figures 5.9.2.1. and 5.9.2.2. may be used to request replacement certificates. The inspector should inform the airman that the fax may be used for up to 60 days while a permanent airman and/or medical certificate is being processed.

*C. Air Carrier Certificate Verification Plan.* The FAA has granted an exemption to the Regional Airline Association (RAA) (exemption number 5560, as amended) and the Air Transport Association of America (ATA) (exemption number 5487, as amended), which allows their member air carriers and similarly situated FAR Part 121 and 135 air carriers to issue to their flight crewmembers, on a temporary basis, confirmation of any required crewmember's certificate based upon information contained in the operator's approved record system. When this method of airman and medical certificate verification is used, the following conditions apply:

(1) Prior to utilizing any provision of this plan, each air carrier must develop a plan outlining the procedures it expects to employ in issuing a temporary confirmation document to crewmembers who do not

have in their personal possession the airmen or medical certificate required under the FAR for a particular flight. The air carrier must then submit the plan to and have it approved by the FAA POI assigned to that air carrier.

(2) If the individual no longer has any identification, the carrier's FAA-approved procedures and plan must include a method to ensure positive identification of the individual.

(3) Each airman who operates a flight under this exemption must comply with FAR § 61.29(c) and/or FAR § 63.16(d) and ensure that a request for a telegram or fax from the FAA confirming the applicable certificate is made within 72 hours of the initiation of any flight conducted under this exemption. The air carrier is authorized to make this application to the FAA on behalf of each applicable airman. The airman must provide a copy of the telegram or fax to the air carrier within 24 hours of receipt.

(4) The carrier's temporary confirmation document provided to the crewmember must include the written words, "Issued under the authority of Exemption No. XXXX, as amended." This document must be in the crewmember's personal possession during all flights.

(5) The privileges of this exemption are authorized for use only within the District of Columbia and the 48 contiguous states of the United States. The privileges of this exemption shall not be exercised in Alaska or Hawaii.

(6) Use of this exemption must be authorized by paragraph A5 in the air carrier's operations specifications.

*D. Field Issuance of Temporary Certificates.* When an airman needs to obtain a temporary certificate immediately, the preferred procedure is to request a fax verification; however, a temporary airman certificate may also be issued by a Flight Standards District Office (FSDO) or by an FAA ASI in the field. In such cases, inspectors must use caution and must positively confirm an airman's status and identity. Inspectors should accomplish an emergency issuance in the following manner:

(1) The airman must show that an immediate replacement of the lost certificate is necessary for either return flight(s) to domicile, continuation of an

extended flight schedule, or continuation of aviation employment.

(2) The airman must be unable to reasonably or efficiently obtain a fax.

(3) The airman must be personally known to the inspector or must present acceptable evidence of identity. Positive identification must include a photograph of the applicant, the applicant's signature, and the applicant's actual residential address if it is different from the applicant's mailing address. Acceptable methods of identification include, but are not limited to, a driver's license, government identification card, and passport. The airman's physical description must match the physical description in the records at AVN-460 of the ACB.

(4) The inspector must confirm the validity, grade, and ratings of the lost certificate by contacting AVN-460 of the ACB and/or AAM-300.

(5) The temporary certificate should be clearly marked, "EMERGENCY FIELD ISSUANCE." The inspector should indicate the expiration date in the section entitled, "Rating and Limitations," and ensure that the date of expiration does not exceed 60 days from date of issuance. For medical certificates, the inspector should indicate the appropriate class held and its expiration date.

*E. Replacement of International Crewmember Certificates.* Inspectors may not issue or reissue international crewmember certificates in the field. Applicants for replacement certificates should apply by letter to AVN-460 of the ACB, stating the circumstances surrounding the loss of the original and including two recent photographs similar to those required for original issuance. To aid in identification, the applicant should provide all information that the original certificate included, such as full name as shown on the old certificate, certificate number, date of birth, and date the certificate was issued. The duplicate certificate is mailed to the operator for delivery to the applicant.

*F. Replacement of Radio/Telephone Licenses.* Requests for duplicate radio/telephone licenses should be sent to the Federal Communications Commission, 1919 M Street, N.W., Washington, D.C. 20554.

**686. -696. RESERVED.**

**FIGURE 5.9.2.1.  
AIRMAN REPLACEMENT CERTIFICATE**

To: Federal Aviation Administration  
Airmen Certification Branch, AVN-460

Regular Mail:  
P.O. Box 25082  
Oklahoma City, OK 73125

Overnight Mail only:  
6500 S. MacArthur Blvd.  
ARB Bldg., Rm. 301  
Oklahoma City, OK 73167

**PLEASE PRINT**

Telephone (405) 954-3261

A. This is a request for:

\_\_\_\_\_ Airman certificate, permanent replacement

☒ \_\_\_\_\_ Facsimile (fax) certificate confirmation/temporary replacement

B. Full name of person to whom the certificate was issued: \_\_\_\_\_

C. Permanent mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Temporary mailing address (for immediate mailing purposes if different than above):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Date and place of birth: \_\_\_\_\_

F. Physical description: sex \_\_\_\_ height \_\_\_\_ weight \_\_\_\_ hair \_\_\_\_ eye color \_\_\_\_

G. Social security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

H. Nationality: \_\_\_\_\_

I. State any available information regarding the grade, number, and date of issue of the certificate, and the ratings on it. \_\_\_\_\_  
\_\_\_\_\_

☒ J. Statement of reasons and circumstances for certificate replacement request. For company fax only:

FAX Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Point of contact: \_\_\_\_\_ Phone number: (\_\_\_\_\_) \_\_\_\_\_

I. State any available information regarding the grade, number, and date of issue of the certificate, and the ratings on it. \_\_\_\_\_  
\_\_\_\_\_

☒ J. Statement of reasons and circumstances for certificate replacement request. For company fax only:

FAX Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Point of contact: \_\_\_\_\_ Phone number: (\_\_\_\_\_) \_\_\_\_\_

**FIGURE 5.9.2.1.—Continued**  
**AIRMAN REPLACEMENT CERTIFICATE**

---

For facsimiles:

Fax number: \_\_\_\_\_

Airman's name: \_\_\_\_\_

Certificate number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Point of contact: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FIGURE 5.9.2.2.  
MEDICAL CERTIFICATE REPLACEMENT**

---

TO: Federal Aviation Administration

Aeromedical Certification Division, AAM-300

Regular Mail:  
AAC-23  
P.O. Box 25082, Cashier  
Oklahoma City, OK 73169

Overnight Mail Only:  
6500 S. MacArthur Blvd  
CAMI, Rm B-59  
ATTN: Duplicate Desk  
Oklahoma City, OK 73169

**PLEASE PRINT**

Full name of person to whom the certificate was issued: \_\_\_\_\_

Permanent mailing address: \_\_\_\_\_  
\_\_\_\_\_

Temporary mailing address (for immediate mailing purposes if different than above): \_\_\_\_\_  
\_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Class of lost, stolen, or destroyed Certificate: \_\_\_\_\_

Approximate date of issuance: \_\_\_\_\_

Statement of the reason and circumstances for requesting replacement. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For facsimiles:

Fax number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Point of contact: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Medical Waivers are considered separate certificates).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FIGURE 5.9.2.3.**  
**AC FORM 8060-56, "APPLICATION FOR REPLACEMENT OF LOST OR DESTROYED**  
**AIRMAN CERTIFICATE(S) AND WRITTEN TEST RESULTS"**

**APPLICATION FOR REPLACEMENT OF LOST OR DESTROYED**  
**AIRMAN CERTIFICATE(S) AND WRITTEN TEST RESULTS**

**PRIVACY ACT:** This information is required under the authority of the Federal Aviation Act (Section 602). Certification cannot be completed unless the data is complete. Disclosure of your Social Security Number (SSN) is optional. Routine uses of records maintained in the system include categories of users and the purposes of such uses; i.e., to determine that airmen are certified in accordance with the provision of the Federal Aviation Act of 1958; repository of documents used by individual and potential employers to determine validity of airmen qualifications; to support investigative efforts of investigation and law enforcement agencies of Federal, State, and local governments; supportive information in court cases concerning individual status and/or qualifications in law suits; to provide data for the Comprehensive Airman Information System (CAIS); and to provide documents for microfilm and microfiche backup records.

☐ Airman Certificate

☐ Medical Certificate

Type of Certificate(s)

Certificate Number(s)

Date(s) of Issuance

_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ Written Test Results

Type of Written Test

Place of Written Test

Date of Written Test

_____	_____	_____
_____	_____	_____

Complete name in which certificate was issued:

(first) (middle) (last)

Permanent mailing address to include zip code:

Date and place of birth:

(Date)

(Place)

Physical Description: \_\_\_\_\_ Height (In.) \_\_\_\_\_ Weight (Lbs.) \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Sex \_\_\_\_\_

Social Security Number:

Nationality:

I enclose ☐ check ☐ money order in the amount of \$ \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

*The fee for each duplicate Airman or Medical Certificate is \$2. The fee for each written test result is \$1. Check or money order for total fees (payable to the Treasurer of the United States) must accompany request.*

*For Airman Certificate or written test result, mail this request to:*

Federal Aviation Administration  
 Airmen Certification Branch, AVN-460  
 Post Office Box 25082  
 Oklahoma City, OK 73125-4940

*For Medical or combined Student/Medical, mail this request to:*

Federal Aviation Administration  
 Cashier, AVN-455  
 Post Office Box 25082  
 Oklahoma City, OK 73125-4939

*Request for duplicate radio/telephone license should be directed to:*

Federal Communication Commission  
 1919 "M" Street, NW.  
 Washington, DC 20554

AC Form 8060-56 (11/91) (NSN 0052-00-555-2003) Supersedes previous edition

**FIGURE 5.9.2.4.**  
**AC FORM 8060-55, "CHANGE OF ADDRESS NOTIFICATION"**

CHANGE OF ADDRESS NOTIFICATION (AIRMAN CERTIFICATE HOLDER) PRINT OR TYPE		DATE OF BIRTH		
<div> <div>Last Name</div> <div>First Name, Middle Initial</div> </div>		Mo.	Day	Yr.
No. and Street, Apt., Suite, P.O. Box or R D. No.		Certificate Number(s)		
City	State	Zip Code		
SIGNATURE (DO NOT Print or type)		Date		
<p><i>Federal Aviation Regulations require you to report any change in permanent mailing address. This information is mandatory for updating your airman record. Incomplete submission could result in denial of certificate privileges. If acknowledgment is requested, affix postage, self-address and seal.</i></p> <p>AC Form 8060-55 (9-78) (0052-00-550-8002)</p> <p>☆ U.S. GPO: 1992-668-287</p>				



**FIGURE 5.9.2.5.**  
**FAA FORM 8710-1, "AIRMAN CERTIFICATE AND/OR RATING APPLICATION"**  
**(FRONT)**

TYPE OR PRINT ALL ENTRIES IN INK

Form Approved OMB No: 2120-0021

 U.S. Department of Transportation Federal Aviation Administration		<b>Airman Certificate and/or Rating Application</b>															
<b>I Application Information</b> <input type="checkbox"/> Student <input type="checkbox"/> Instrument <input type="checkbox"/> Glider <input type="checkbox"/> Ground Instructor <input type="checkbox"/> Recreational <input type="checkbox"/> Additional Aircraft Rating <input type="checkbox"/> Lighter-Than-Air <input type="checkbox"/> Medical Flight Test <input type="checkbox"/> Private <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Flight Instructor _____ Initial _____ Renewal <input type="checkbox"/> Reexamination <input type="checkbox"/> Commercial <input type="checkbox"/> Airplane Multiengine <input type="checkbox"/> Flight Instructor Reinstatement <input type="checkbox"/> Reissuance of _____ Certificate <input type="checkbox"/> Airline Transport <input type="checkbox"/> Rotorcraft <input type="checkbox"/> Additional Instructor Rating <input type="checkbox"/> Other _____																	
A. Name (First, Middle, Last)		B. SSN	C. Date of Birth Mo. Day Year														
E. Address  City, State, Zip Code		F. Nationality Specify <input type="checkbox"/> USA <input type="checkbox"/> Other _____	G. Do you read, speak and understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No														
H. Height In		I. Weight Lbs.	J. Hair														
K. Eyes		L. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female															
M. Do you now hold, or have you ever held an FAA Pilot Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		N. Grade Pilot Certificate															
O. Certificate Number		P. Date Issued															
Q. Do you hold a Medical Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		R. Class of Certificate															
S. Date Issued		T. Name of Examiner															
U. Have you ever been convicted for violation of any Federal or State statutes pertaining to narcotic drugs, marijuana, and depressant or stimulant drugs or substances, or motor vehicle operation involving alcohol related offenses? <input type="checkbox"/> No <input type="checkbox"/> Yes			V. Date of Final Conviction														
W. Signature		X. Date															
Glider or Free Balloon Pilots only:    Medical Statement: I have no known physical defect which makes me unable to pilot a glider or free balloon																	
<b>II Certificate or Rating Applied For on Basis of:</b>																	
<input type="checkbox"/> A. Completion of Required Test		1. Aircraft to be used (if flight test required)															
2a Total time in this aircraft		2b Pilot in command															
hours		hours															
<input type="checkbox"/> B. Military Competence Obtained in		1 Service															
2 Date Rated		3 Rank or Grade and Service Number															
4 Has flown at least 10 hours as pilot in command during the past 12 months in the following military aircraft.																	
<input type="checkbox"/> C. Graduate of Approved Course		1 Name and Location of Training Agency															
2 Agency School Number		3 Curriculum From Which Graduated															
4 Date		5 Country															
6 Grade of License		7 Number															
<input type="checkbox"/> D. Holder of Foreign License Issued By		4 Ratings															
<b>III Record of Pilot time (Do not write in the shaded areas.)</b>																	
Total	Instruction Rec'd	Solo	Pilot in Command	Second in Command	Cross Country Instruction Received	Cross Country Solo	Cross Country Pilot in Command	Instrument	Night Instr Rec'd	Night Take-off/Landing	Night Pilot in Command	Night Takeoff/Landing Pilot in Command	Number of Flights	Number of Aero-Tows	Number of Ground Launches	Number of Powered Launches	Number of Free Flights
Airplane																	
Rotorcraft																	
Glider																	
Lighter Than Air																	
Training Device Simulator																	
<b>IV Have you failed a test for this certificate or rating within the past 30 days?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																	
<b>V Applicant's Certification</b> I certify that the statements made by me on this application are true.												A. Signature		B. Date			
<b>FAA Use Only</b>																	
EMP	REG	D.O.	SEAL	CON	ISS	ACT	LEV	TR	S.H	SRCH	# RTE	RATING (1)					

FAA Form 8710-1 (6-89) Supersedes Previous Edition

**FIGURE 5.9.2.5.—(Cont'd.)**  
**FAA FORM 8710-1, "AIRMAN CERTIFICATE AND/OR RATING APPLICATION"**  
**(REVERSE SIDE)**

<b>Instructor's Recommendation</b>				
I have personally instructed the applicant and consider this person ready to take the test.				
Date	Instructor's Signature	Certificate No.	Certificate Expires	
<b>Air Agency's Recommendation</b>				
The applicant has successfully completed our _____ course, and is recommended for certification or rating without further _____ test.				
Date	Agency Name and Number	Official's Signature		
		Title		
<b>Designated Examiner's Report</b>				
<input type="checkbox"/> Student Pilot Certificate Issued ( <i>Copy attached</i> ) <input type="checkbox"/> I have personally reviewed this applicant's pilot logbook, and certify that the individual meets the pertinent requirements of FAR 61 for the pilot certificate or rating sought. <input type="checkbox"/> I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate. <input type="checkbox"/> I have personally tested this applicant in accordance with pertinent procedures and standards, with the result indicated below. <div style="margin-left: 40px;"> <input type="checkbox"/> Approved—Temporary Certificate Issued (<i>Copy Attached</i>)  <input type="checkbox"/> Disapproved—Disapproval Notice Issued (<i>Copy Attached</i>) </div>				
Location of Test (Facility, City, State)		Duration of Test		
		Ground      Flight		
Certificate or Rating for Which Tested		Type(s) of Aircraft Used	Registration No.(s)	
Date	Examiner's Signature	Certificate No.	Designation No.	Designation Expires
<b>Evaluator's Record For Airline Transport Certificate/Rating Only</b>				
	Inspector	Examiner	Signature	Date
Oral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Simulator Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<b>Inspector's Report</b>				
I have personally tested this applicant in accordance with pertinent procedures and standards, with the result indicated below. <input type="checkbox"/> <b>Approved</b> —Temporary Certificate Issued <input type="checkbox"/> <b>Disapproved</b> —Disapproval Notice Issued				
Location of Test (Facility, City, State)		Duration of Test		
		Ground      Flight		
Certificate or Rating for Which Tested		Type(s) of Aircraft Used	Registration No.(s)	
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Student Pilot Certificate issued  <input type="checkbox"/> Examiner's Recommendation  <div style="margin-left: 20px;"><input type="checkbox"/> ACCEPTED   <input type="checkbox"/> REJECTED</div> <input type="checkbox"/> Examiner Recommends Retesting  <input type="checkbox"/> Reissue or Exchange of Pilot Certificate  <input type="checkbox"/> Special medical test conducted—report forwarded to Aeromedical Certification Branch, AAM-130 </div> <div style="width: 30%;"> <input type="checkbox"/> Certificate or Rating Based on  <input type="checkbox"/> Military Competence  <input type="checkbox"/> Foreign License  <input type="checkbox"/> Approved Course Graduate  <input type="checkbox"/> Issued  <input type="checkbox"/> Denied </div> <div style="width: 30%;"> <input type="checkbox"/> Instructor   <input type="checkbox"/> Flight   <input type="checkbox"/> Ground  <input type="checkbox"/> Renewal      <input type="checkbox"/> Approved  <input type="checkbox"/> Reinstatement   <input type="checkbox"/> Disapproved  <b>Instructor Renewal Based on</b>  <input type="checkbox"/> Activity      <input type="checkbox"/> Training Course  <input type="checkbox"/> Acquaintance   <input type="checkbox"/> Test </div> </div>				
Training Course (FIRC) Name		Graduation Certificate No.	Date	
Date	Inspector's Signature	FAA District Office		
<b>Attachments:</b>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Student Pilot Certificate (copy)  <input type="checkbox"/> Report of Written Examination  <input type="checkbox"/> Temporary Pilot Certificate (copy) </div> <div style="width: 30%;"> <input type="checkbox"/> Airmans Identification (ID)  <div style="margin-left: 20px;">Form of ID _____</div> <div style="margin-left: 20px;">Number _____</div> <div style="margin-left: 20px;">Expiration Date _____</div> </div> <div style="width: 10%;"> <input type="checkbox"/> Notice of Disapproval  <input type="checkbox"/> Superseded Pilot Certificate  <input type="checkbox"/> Answer Sheet Graded  <input type="checkbox"/> Answer Sheet Graded (Foreign Instrument) </div> </div>				

**FIGURE 5.9.2.6.**  
**AIRMAN AMENDED CERTIFICATE JOB AID**

---

**CHANGE OF NAME OR PERSONAL DATA**

- ☐ FAA Form 8710.1, "Airman Certificate and/or Rating Application"
- ☐ Applicant's current certificate
- ☐ Photocopy of the marriage license, court order, or other document
- ☐ Issue Temporary Airman Certificate

**CHANGE OF NATIONALITY.** Verbal information is NOT sufficient and the inspector does NOT issue a Temporary Certificate.

- ☐ Photocopy of form G641, "Application for Verification of Information", or other naturalization document indicating:

Petition number \_\_\_\_\_

Date of change \_\_\_\_\_

Name of court \_\_\_\_\_

Location of court \_\_\_\_\_

**INTERNATIONAL CREWMEMBER CERTIFICATE.**

- ☐ FAA Form 8060-6 "Crewmember Certificate Application"
- ☐ Crewmember's present "International Crewmember Certificate"
- ☐ Marriage Certificate or other documentation
- ☐ Two photographs

---

[PAGES 5-476 THROUGH 5-484 RESERVED]

